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ABSTRACT

A professional role that may be one of the most immersively demanding professions is that of the Roman Catholic priest. This internalized role creates psychological/emotional territorialities which regulate the person's sexuality, societal status, professional rituals/behaviors, social interrelationship expectations, and work rituals. The disciplining of one's psychology as a priest involves a process of the suppression of feelings which has been called professional protective emotional suppression (PPES). The alcoholic has held unexpressed and unresolved feelings throughout his/her life, creating a high state of internal anxiety. Compensation expressions are characteristics common in persons suffering from the disease of alcoholism. The role of a Catholic priest superimposes onto the recovering alcoholic a layer of life complexity that may create and reinforce psychological unhealthiness. The dimensons of PPES may come together to create in the priest a ritualized suppression of feelings which has developed through the years. The priest is suffering from alcoholism and PPES. In treatment of the alcoholic priest the church needs to recognize that alcoholic persons in early recovery may react to their work responsibilities excessively and completely, thus camouflaging the real problem issues, and supervisors should receive some training in understanding chemical dependency. Recovering priests should be involved in Alcoholics Anonymous or the equivalent and counseling is recommended. More intensive prevention/precautionary education concerning alcohol/drug issues needs to be introduced at all stages of seminary education. (ABL)

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Abstract

This clinical treatise discusses role immersion as an interfering process to the recovery efforts in the life of the Catholic Priest recovering from the disease of alcoholism

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The Recovering Alcoholic Catholic Priest and Role Immersion

Introduction

A professional role can be utilized for the purpose of psychological escapism. Evidence of deep immersion or investment into a professional role can be found in many professions, especially those with the most societally acknowledged authority status, such as physicians, police officers, and clergymen.

A professional role that may be one of the most immersively demanding professions is that of the Roman Catholic Priest. This internalized role creates psychological/emotional territorialities which regulates the person's sexuality, societal status, professional rituals/behaviors, social interrelationship expectations, work rituals. This role calls for deep and complete investment and accomodation of personal needs and feelings. This role demands disciplining of one's psychology to conform to the perceived expectations of this professional status. This disciplining of one's psychology involves a process of the suppression of feelings which this author has called professional protective emotional suppression or PPES.

This article discusses the difficulty of this role immersion or professional protective emotional suppression to the priest recovering from alcoholism. To begin this discussion the initial section will discuss and describe alcoholism as a disease of emotional suppression.

A Disease of Feelings Suppression

The alcoholic throughout his/her drinking life has held feelings within self. These feelings have been medicated by the use of alcohol. These feelings not expressed and not resolved, create a state of high internal anxiety, high fear levels, internal feelings of lack of worth, feelings of intense uneasiness about self-controls, and feelings of little control over life determinations. The alcoholic tries to numb his/her self emotionality by alcohol usage, but also creates some behavioral compensation expressions: behavioral mechanisms which help to deceive self, thereby protecting self from feelings of fear and inadequacy. A person, for example, who has experienced hurt at one point in time and has not resolved this feeling, may create an anger mechanism to ward off any further possibility of hurt. A person who feels unsure of self may create a mechanism of charm so that others will "like them" and offer reassurance and positive response. Figure 1, Column 2 lists these examples and these other compensation expressions:

Grandiosity- if a person feels inadequacy internally, it is very often helpful to create a comforting dream-like view of self, bigger

than life.

Delusion- reality can be painful and necessitates self-learning, unless a person denies the reality and changes it in their own perception to conform to their own convenience.

Aggressiveness- a forceful demeanor will mislead others as to the alcoholic's true emotional situation, and will also support the alcoholic's deluded conviction that everything is fine!

Righteousness- portraying uprightness conceals internal turmoil and again offers more self-deception material, usable in undoing reality.

Compulsive-Obsessiveness- the internally suppressed energies contribute to high levels of anxiety, which fosters emotionally-induced behavioral responses and possibly frantic exertions of these energies, such as frantic work investments.

Euphoria- internal uneasiness can be denied by external gestures and expressions of "upness:" the true feelings again denied to self and others.

Perfectionism- a person who feels uncertain of internal controls will compensate by insisting that all externals of self and others be in complete order and up to the highest standards and expectations. The externals to appease the internals! (Machell,1984)

FIGURE 1
THE SUPERIMPOSING OF THE PRIESTLY ROLE ON THE RECOVERING CATHOLIC PRIEST ALCOHOLIC

Column 1	**Column 2**	**Column 3**	**Column 4**
Inner Suppressed Feelings	Compensation Expressions	Internalized Perceived Corporation Expectations	Psychological Effects
Hurt	Anger----------	feelings not compatible with "the image" discarded/disregarded	**FEAR OF RELEASING FEELINGS**
	Charm----------	facade	**FALSENESS; SELF-ESTEEM DIMINISHED**
Shame	Grandiosity------	*I am Father!* (Deep Role Immersion)	**OTHER ROLES EXCLUDED**
	Delusion---------	*"I am the Representative of Christ on Earth!!"* (Extreme Identification; Loss of Self Identity)	**ATTACHMENT OF EMOTIONAL STATE TO THE WORK CONDITION**
	Aggressiveness--	Production/Achievement Neurosis	**EMOTIONAL/PHYSICAL FATIGUE--DEPRESSION**
Guilt	Righteousness---	the "authority" of expertise (Professional Competence & Perform. Compensating for Inadequacy)	
	Compulsive-Obsessiveness--	achievement = affection, attention	**THE EMOTIVENESS OF THE AUTHORITY FIGURE = LOVEWORTHINESS**

FIGURE 1 CONTINUED

Pain	Euphoria---------facade	**FALSENESS; SELF-ESTEEM DIMINISHED**
	Perfectionism----the embodiment of the *perfect* person (patient, charitable, humble, all-knowing)	**UNABLE TO BE MAINTAINED IN THE PERSON'S PERCEPTION**

*The role immersion creates another "layer" of suppression material (Column 3), adding onto the already existing compensation expressions (Column 2), thereby reinforcing a disease of suppression of the inner feelings (Column 1). Column 4 indicates the emotional manifestations of this superimposing of the role layer. These manifestations can lead to severe life/interpersonal conflicts, alcoholic relapse, emotional and/or physical collapse, exhaustion, severe and chronic depressions, suicide, etc.

Superimposing the Priestly Role

The compensation expressions just discussed are characteristics common in persons suffering from the disease of alcoholism. Those persons more progressed in their disease, of course, will display more obvious expressions of these characteristics than someone less diseased, or someone more substantially into a recovery process. But it should be noted, that even a person well into his/her recovery may revert back into an overt display of these expressions if they are involved in unhealthy influences, or if they stop involving themselves in an ongoing health-reinforcing process, the most meaningful being Alcoholics Anonymous, the self-help movement (Machell,1987).

A role of Catholic Priest superimposes onto the recovering alcoholic a "layer" of life complexity that may create and reinforce psychological unhealthiness. Figure 1, Column 3 indicates what may become "internalized perceived role expectations." These internalized perceived role expectations may augment the common qualities of the alcoholic as indicated in the "compensation expressions" in Column 2.

Any organization is designed to satisfy its own goals and objectives. The needs of the organization may need to supercede the needs of its members. The "image" of the priestly role is determined to satisfy the symbolism purpose of the church. Adapting to the role image may necessitate the following effects on the usual compensation expressions of the alcoholic:

Anger- the expression of anger may be necessary to overcome certain internal feelings in the alcoholic, but may not be compatible with the role image. After a while, the alcoholic priest may "discard" or "disregard" any feelings perceived by the alcoholic as not compatible with the priestly image and may become afraid to express anger during work involvements: the disease of suppression is perpetuated! The fear of releasing anger may develop into a fear of releasing feelings, and may generalize into other social aspects of the person's life.

Charm, Euphoria- charm is of value to the priestly role and is positively reinforced to the continued denial of the inner feelings. Charm, with the euphoria, helps to create a personal facade of "everything is wonderful!" This denies inner feelings and the person may feel false, diminishing feelings of self-esteem.

Grandiosity, Delusions, Righteousness, Perfectionism- the recovering person may identify so strongly with the priestly role, that the person *becomes the role, "Father"*! possessing the "authority" of churchly wisdom, greatness, with a sense of correctness and rightness making treatment of self as a recovering alcoholic totally unnecessary. I need treatment? *I am a perfect,*

priestly, Christ-like person! This person views self as needing to maintain this delusion of elitism and "otherworldliness," and he becomes caught in this fantasy, which again protects self from the inner feelings (Machell, 1988). This attitudinal posture isolates the person from reality and others outside of the workplace, but more importantly, makes the person increasingly dependent on the work condition and the emotiveness of the "faithful" for his feelings of worth and control.

Aggressiveness, Compulsive-Obsessiveness- the church will positively reinforce achievement and production. The recovering person may become an aggressive and frantic worker in order to escape from internal feelings of inadequacy. To this person achievement equals affection and attention. This person *must* perform to have his self-esteem survive! Usually this person collapses in emotional and physical fatigue before he realizes that he is again addicted to another outside-of-self "substance:" perfectionism (perfectionism of activity, of demeanor, perfectionism of church values, such as charity, humility, service, uprightness, etc.). The person's sense of intense perfectionism is unrealistic and unable to be maintained up to the level of this person's expectations. This new addictive cycle therefore will very likely reactivate the alcoholism or other emotional difficulties as indicated in the * paragraph at the end of Figure 1.

Professional Protective Emotional Suppression or PPES.

The priestly role may become deeply engrained in a multi-dimensional way as expressed in this section.

The dimensions of PPES are as follows:

1. Emotional Intrapersonal- This dimension constitutes feelings that we have for ourselves. Some persons, because of influences in early life, may have low levels of self-esteem. These individuals may strongly need a professional role to ensure self-worth and may utilize it consistently over time without lowering the role to adapt to other life circumstances. They may find themselves responding to all life circumstances "as Father."

2. Cognitive Intrapersonal- a self-belief system created from early life of how a person perceives himself/herself with respect to their realities. As example, a perception of ourselves as "not talented," as not worthy of affection without achievement, might create an adult worker who confuses affection and achievement, and because his/her professional role does give feelings of achievement, the person feels as nothing without his/her role as his/her major achievement/accomplishment vehicle (Ellis, 1982).

3. Interpersonal- a person's fluency or non-fluency in the process of social interaction can be important in contributing or diminishing stress in life. A person with low social fluency may gain comfort by being concealed by the facade of his priestly role. This low fluency may have an emotional dimension (I don't feel comfortable in a social setting) and a cognitive dimension (I don't see myself fitting in this social context!). They may then only be comfortable with persons of the same role, which further consolidates and reinforces their role dependency.

4. Societal Norms- he perceives that society may believe that priests are perfect and totally appropriate in every possible way. A role consolidated by *shoulds* and *musts*!

5. Cultural/Ethnic Norms- the person may be affected by his cultural/ethnic heritage by the reinforcement of a tradition as an example, that the priest is a deity!!! (such as among the Irish, my ethnic group!)

6. Societal Role Expectations- the priest has internalized the societal belief and owns the belief that the priest is expected to behave and respond in the ultra-perfectionistic manner.

The six dimensions indicated above may come together to create in the priest a ritualized suppression of feelings which has developed in the person throughout the years and during his professional life. As previously indicated, this author refers to this ritualized suppression as professional protective emotional suppression or PPES and is a common phenomenon in professions where deep role immersion is a common process, such as in physicians, clergy, etc.; all with slight variations to the dimensions, of course.

It should be noted here, that PPES does not indicate a psychological disturbance. It possesses a positive aspect in that it offers a defense process to help the person to disregard and disown potentially hurtful stimuli from the environment, but it does simply indicate a personality style of possibly extreme limitation of emotional expression and investment. PPES will make the person more vulnerable to psychological disturbance and in the case of a person who contracts such a disturbance, such as alcoholism, may make the pathology more complex and difficult to treat adequately.

<u>Combining the Concept of Professional Protective Emotional Suppression (PPES) and the Disease of Suppression</u>

The recovering priest is suffering from the disease of

alcoholism and PPES. These priests will need to diminish the tendencies of suppression of their alcoholism and their professional role and development. This complicates the treatment efforts substantially, and makes the health-inducing process more likely to fail: while the treatment effort is helping to diminish the suppression, the professional work involvement reinforces it. Alcoholic priests often need to detach themselves from their work in order to recover. Alcoholic priests unable to recover may be extremely prone to suicide.

The person in recovery must learn to realize and freely express feelings to increase feelings of natural release, ease, and relaxation. Catharsis or release of pent-up energies/anxieties, is an important ingredient in good mental health; containment or suppression contributes to the mental maladies as indicated in previous sections of this paper. In the treatment of alcoholism involvement in a cathartic process is vital.

Recommendations and Conclusion

In the treatment of the alcoholic priest these recommendations/issues should be followed:

1. The church needs to realize that alcoholic persons in early recovery may react to their work/career responsibilities excessively and completely. The supervisor or superior will recognize that a priest returning from formal treatment may show intense interest in his work tasks, but may not realize what the recovering person is emotionally experiencing. The intense compulsive-obsessive energies of the newly recovering person will camouflage the real problem issues, along with the PPES issues; again behavior which denies the feelings beneath.

2. Superiors should receive some training workshops in understanding chemical dependency, especially the psychological aspects of this disease.

3. Superiors should be sensitive to the needs of their recovering subordinates and should receive coaching and advice from an addiction counselor whenever possible.

4. It is important in the vast majority of cases that the newly recovering person be actively involved in Alcoholics Anonymous or the self-help equivalent. Many areas of the U.S. have A.A. meetings for clergy.

5. Individual or group counseling with a non-psychiatric addiction treatment specialist who understands PPES and who has an appreciation and solid understanding of the self-help treatment process of addiction is highly desirable. Also, a therapist who is not intimidated by the priest aura is essential. Peer recovering alcoholic priest counselors with a trained and informed therapist are very

valuable. since the PPES defense structure will not be intimidating to a peer and this lack of intimidation will help to pierce the professional role facade. It should be noted here that great care should be taken in the choice of the right primary counselor/therapist. In the mental health fields there is an immense lack of understanding and empathy with respect to addicted persons. In choosing a recovering person as a treatment professional, psychological health needs to be scrutinized very carefully. Most recovering treatment professionals should be actively involved in AA in order to not allow the disease properties of clients to have a corrosive effect on their own recoveries. Of course, all treatment professionals would gain from therapeutic relationships outside of their work, especially if they are immersed in work with highly delusional persons. Psychiatrists may be utilized to help with the PPES issues (the MD mystique may be helpful), and also in the processes of detection, diagnosis, and evaluation (Smith, Steindler, 1982).

6. Some alcoholism outpatient treatment programs may offer clergy groups which have been shown to be very effective in keeping the PPES complexity issues to a minimum and the priest focused on reality in a non-delusional way. If appropriate arrangements cannot be made with an area agency of quality, than the church should internally initiate this process, if not by itself than collaboratively with other dioceses.

7. Contingency-contracting treatment has been effective in some cases with physician groups (Crowley, 1984, 1986), an equally emotionally-fortified profession. Physicians in studies cited, directed their psychiatrists to mail licensing boards a prepared license -surrendering letter if any urine samples contained drugs. A letter of resignation to the priest's superior could be utilized in some chronic cases.

8. Therapeutic communities for addicted priests have offered the immediate capacity to deal with core issues and the most rapid internalization of corrective attitudes. For clergy who fail to initiate recovery in shorter, less-structured treatment environments, therapeutic communities have been helpful.

9. More intensive prevention/precautionary education concerning alcohol/drug issues needs to be introduced at all stages of seminary education.

Alcoholism is a treatable disease and many programs nationwide deserve praise for their willingness to offer informed treatment to the impaired priest.

REFERENCES

Carlson, H.B., "The Drug-free Therapeutic Community and the Impaired Physician." Journal of Psychoactive Drugs, 1984, Jan.-Mar. Vol. 16 (1) pp. 69-71.

Crowley, T.J., "Continguency Contracting Treatment of Drug Abusing Physicians, Nurses, and Dentists." NIDA: Research Monograph Series, 1984, Mono 46 pp. 68-83.

Crowley, T.J., "Doctors' Drug Reduced Continguency-Contract Treating." Alcohol and Drug Research, 1985-86, Vol. 6 (4) pp. 299-307.

Ellis, Albert, Humanistic Psychotherapy: The Rational-Emotive Approach. Julian Press, New York, 1982.

Kilburg, R., Nathan, P.E., Thoreson, R.W. (Ed.) Professionals in Distress: Issues, Syndromes, and Solutions in Psychology. American Psychological Association, 1986, Washington, D.C.

Machell, D.F. Belongingness-The Critical Variable in the Residential Treatment of Alcoholism, Ed.D Dissertation, Fordham University; University Microfilms International, 1984.

Machell, D.F., "The Recovering Alcoholic in For-Profit Alcoholism Treatment Salesmanship: A Psychological Risk." Journal of Marketing for Mental Health Volume 1, Number 2, Spring/Summer 1987.

Machell, D.F.,"The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic."
Journal of Alcohol and Drug Education (To be published in 1988).

Machell, D.F.,"The Recovering Alcoholic Police Officer and the Danger of Professional Protective Emotional Suppression." Alcoholism Treatment Quarterly (To be published in Summer 1989).

Machell, D.F.,"The Lethality of the Professional Image to the Recovering Chemical Dependent Physician."
Journal of Alcohol and Drug Education (To be published in 1989).

Rawnsley, K., "Alcoholic Doctors." Alcohol and Alcoholism, 1984, Vol. 19 (3) pp. 257-259.

Smith, R.J., Steindler, E.M., "The Psychiatrist's Role with the Impaired Physician." Psychiatric Journal of the University of Ottawa, 1982, Mar., Vol. 7 (1) pp. 3-7.